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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

18261 USA

First Named Inventor

John W. Juvinall

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Optical inspection apparatus and method for inspecting container lean

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 27081		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <i>John W.</i>		Family Name or Surname <i>Juvinal</i>	
Inventor's Signature <i>John W. Juvinal</i>			Date <i>1-26-04</i>
Residence: City Ottawa Lake	State MI	Country USA	Citizenship USA
Mailing Address 9100 Head-O-Lake Road			
City Ottawa Lake	State MI	ZIP 49267	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <i>James A.</i>		Family Name or Surname <i>Ringlien</i>	
Inventor's Signature <i>James A. Ringlien</i>			Date <i>Jan 26, 2004</i>
Residence: City Maumee	State OH	Country USA	Citizenship USA
Mailing Address 2210 Glenview Drive			
City Maumee	State OH	ZIP 43537	Country USA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Stephen M.		Graff	
Inventor's Signature <i>Stephen M. Graff</i>		Date <i>1/26/04</i>	
Maumee Residence: City	OH State	USA Country	USA Citizenship
Apt. D Mailing Address			
1911 Key Street Mailing Address			
Maumee City	OH State	43537 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jie		Chen	
Inventor's Signature <i>Jie Chen</i>		Date <i>1/26/04</i>	
Ann Arbor Residence: City	MI State	USA Country	USA Citizenship
2300 Courtney Circle Court Mailing Address			
Mailing Address			
Ann Arbor City	MI State	48103 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
William H.		Anderson	
Inventor's Signature <i>William H. Anderson</i>		Date <i>1-26-04</i>	
Sylvania Residence: City	OH State	USA Country	USA Citizenship
6909 Barleyton Circle Mailing Address			
Mailing Address			
Sylvania City	OH State	43566-43508 Zip	USA Country

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	John W. Juvinall
Title	Optical inspection apparatus a
Art Unit	
Examiner Name	
Attorney Docket Number	18261 USA

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Principal Attorneys:	
H. G. Bruss	24,389
Susan L. Smith	53,618
Associate Attorney: Robert C. Collins	27,430

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name John W. Juvinall

Signature *John W. Juvinall*

Date 1-26-04

Telephone 419-247-7882

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 5 forms are submitted.

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and
CORRESPONDENCE ADDRESS
INDICATION FORM****Application Number****Filing Date****First Named Inventor**

John W. Juvinall

Title

Optical inspection apparatus a

Art Unit**Examiner Name****Attorney Docket Number**

18261 USA

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☐Firm or
Individual Name

Address

Address

City

Country

Telephone

State

Zip

Fax

I am the:

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

James A. Ringlien

Signature

Date

James A. Ringlien
Jan. 26, 2009

Telephone

419-247-7880

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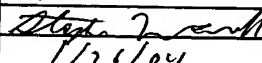
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Stephen M. Graff		
Signature			
Date	1/24/04	Telephone	419-247-8126

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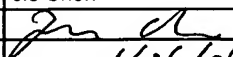
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record

Name	Jie Chen		
Signature			
Date	1/26/04	Telephone	419-247-8708

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<input type="checkbox"/> Firm or Individual Name			
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Address			
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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record

Name	William H. Anderson		
Signature	<i>William H. Anderson</i>		
Date	1-26-04	Telephone	419-247-7573

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